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Fax Transmission**July 19, 2004**

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Pages (including cover): 8

Recipient(s)	Company	Fax Number
Examiner Benjamin Pezzlo/ Art Unit 3683	USPTO	703-872-9306

Message:

AMENDMENT PLEASE ENTER

SERIAL NO.: 10/089,955

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PTO/5B/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003, Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT (\$)	110.00	Complete if Known	Application Number	10/089,955
				Filing Date	09/17/02
				First Named Inventor	Schneider
				Examiner Name	Pezzlo, B.
				Art Unit	3683
				Attorney Docket No.	AP9912

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	503145		
Deposit Account Name	Honigman Miller Schwartz and Cohn LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	4	-20** =	
Independent Claims	2	-3** =	
Multiple Dependent			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 280	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Joseph V. Coppola, Sr.	Registration No. (Attorney/Agent)	33,373
Signature		Telephone	248-566-8500
		Date	07/19/04
		SUBTOTAL (3) (\$)	
		110.00	

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Dated: 07/19/04	Signature: (Joyce Krumpke)

Attorney Docket No. (AP9912)209565-81761
Serial No. 10/089,955

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Markus Schneider

Application No.: 10/089,955

Confirmation No.: 1133

Filed: September 17, 2002

Art Unit: 3683

For: Device For Stabilizing a Motor Vehicle

Examiner: Pezzlo, Benjamin A.

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I hereby certify that this correspondence is being forwarded to the Commissioner for Patents, Attn:
Examiner Hook, via facsimile at 703-872-9306 on the date shown below.

Dated: July 19, 2004

Signature: Joyce Krumpe

Joyce Krumpe

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AS REQUIRED UNDER 37 CFR. §1.111

Dear Sir:

In response to the Office Action dated March 17, 2004, (Paper No./Mail Date 11032004)
please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2.

Remarks begin on page 4.